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## **Great Plains Interagency Dispatch Center Forms**

GPC utilizes the following forms for daily dispatch operations, for the support of incident management activities, and to provide support for GPCG agencies:

### **Local Forms**

- Exhibit 1: Resource Order (ROSS Version)
- Exhibit 2: FireCode System Request
- Exhibit 3: Prescribed Fire / Pile Burning Report
- Exhibit 4: Great Plains Dispatch Incident Report
- Exhibit 5: Fire Weather Spot Forecast Request
- Exhibit 6: Service and Supplies Authorization Sheet
- Exhibit 7: Call Signs
- Exhibit 8: South Dakota Fire Departments
- Exhibit 9: Unit Identifiers

### **National Forms**

- Exhibit 12: Mobile Food & Shower Service Request Form
- Exhibit 13: Passenger and Cargo Manifest Form
- Exhibit 14: Aircraft Flight Request/Schedule Form
- Exhibit 15: Hazard Analysis and Dispatch/Aviation Manager Checklist
- Exhibit 16: Infrared Aircraft Scanner Request Form
- Exhibit 17: FAA Temporary Tower Request
- Exhibit 18: Preparedness/Detail Request Form
- Exhibit 19: Incident Status Summary (ICS-209) Form
- Exhibit 20: Monthly Wildland Fire Weather/Fire Danger Outlook Form
- Exhibit 21: Wildland Fire Entrapment/Fatality Initial Report Form
- Exhibit 22: Documentation of Length of Assignment Extension Requirements Form



**EXHIBIT: 2 FireCode System Request**

**FIRECODE SYSTEM**

**\* FireCode:** \_\_\_\_\_

**Discovery Date:** \_\_\_\_\_

**Discovery Time:** \_\_\_\_\_

**Incident Name:** \_\_\_\_\_

**Host Unit Id:** \_\_\_\_\_

**Latitude: Degrees \_\_\_\_\_ Minutes \_\_\_\_\_**

**Longitude: Degrees \_\_\_\_\_ Minutes \_\_\_\_\_**

**\* Incident Order Number:** \_\_\_\_\_

**Multi-Jurisdictional: Yes \_\_\_\_\_ No \_\_\_\_\_**

**Reimbursable/Billable: Yes \_\_\_\_\_ No \_\_\_\_\_**

**Wildland Fireuse: Yes \_\_\_\_\_ No \_\_\_\_\_**

**Complex: Yes \_\_\_\_\_ No \_\_\_\_\_**

**Specific Agency Codes:** \_\_\_\_\_

**\* FireCode and Incident order number will be issued  
by Northern Great Plains Dispatch Center**

**EXHIBIT 3: Prescribed Fire / Pile Burning Report**

<b>Great Plains Interagency Dispatch Center</b> Phone: 605-399-3160 FAX: 605-343-5075 Prescribed / Pile Burning Fire Report Form				
<b>Name Of Project (Baker RX)</b>	<b>Your Agency (USFS)</b>	<b>State (SD)</b>	<b>Unit Name (SD-BKF)</b>	
<b>Planned Start Date</b>	<b>Number Of Days</b>	<b>Acres</b>	<b>Strategy / Fuel Type</b>	
<b>VOR (Provided by Dispatch)</b>	<b>Legal (Township, Range, Section)</b>	<b>Lat / Long (In Degrees, Min, Sec)</b>		
<b>Remarks:</b>				
<b>Submitted by (Your Name):</b>		<b>Phone Number:</b>	<b>Report Date:</b>	
Please FAX Or E-Mail to Dispatch at Least 2 Days Before the Planned Start Date.				

**EXHIBIT 4: Great Plains Dispatch Incident Report** (card-stock front sheet for WildCad printout and other documentation).

GPC Code:		page ____ of ____	
<b>Great Plains Dispatch Incident Report</b>			
		<input type="checkbox"/> DB	<input type="checkbox"/> ROSS
		<input type="checkbox"/> FireStat	<input type="checkbox"/> SIT
		<input type="checkbox"/> WC	
Incident #:	Project Order #:	Date/Time: / /	
Incident Name:		Dispatcher:	
Firecode or Project code		Type of Incident	
USFS:		<input type="checkbox"/> WF-Wildland Fire	<input type="checkbox"/> Other
State:		<input type="checkbox"/> FAL - False Alarm	<input type="checkbox"/> FC - Firecode Request
Other:		<input type="checkbox"/> CA - County Asst.	
SO#	Ranger#	District#	
Card to be used for wildland fire incidents in conjunction with WildCAD.			
<p style="font-size: 24px; margin: 0;">For detailed info see data attached.</p>			
CONFIRM WHEN CALLED CONTROLLED		FIRE STAT INFORMATION	
LEGAL	T	R	SEC 1/4 1/4
CAUSE	L	H	SPECIFIC CAUSE
Final Acres by Ownership:			
Card to be used for wildland fire incidents in conjunction with WildCAD.			

GPC Code: \_\_\_\_\_  
 AM Rpt. \_\_\_\_\_  
 ROSS \_\_\_\_\_  
 FADB \_\_\_\_\_  
 BBB \_\_\_\_\_  
 VERIFY INFO: \_\_\_\_\_

**EXHIBIT 5: Fire Weather Spot Forecast Request**

WS FORM D-1		SPOT REQUEST				NOAA	
Call NWS Weather Forecast Office (WFO) when submitting a request and after you receive a forecast to ensure request and forecast were received. Provide feedback to WFO on forecast.							
1. Time		2. Date		3. Name of Incident or Project		4. Requesting Agency	
5. Requesting Official		6. Phone Number		7. Fax Number		8. Contact Person	
9. Ignition/Incident Time and Date		12. Reason for Spot Request (choose one only) o Wildfire o Non-Wildfire Under the Interagency Agreement for Meteorological Services (USFS, BLM, NPS, USFWS, BIA) o Non-Wildfire State, tribal or local fire agency working in coordination with a federal participant in the Interagency Agreement for Meteorological Services Non-Wildfire Essential to public safety, e.g. due to the proximity of population centers or critical infrastructure.				13. Latitude/Longitude:	
10. Size (Acres)						14. Elevation (ft., Mean Sea Level) Top:      Bottom:	
11. Type of Incident wildfire o Prescribed Fire o Wildland Fire Use (WFU) o HAZMAT o Search And Rescue (SAR)						15. Drainage	
		16. Aspect		17. Sheltering o Full o Partial o Unsheltered			
18. Fuel Type: Grass Brush      Timber      Slash      Grass/Timber Understory Other _____ Fuel Model:    1,2,3      4,5,6,7      8,9,10      11,12,13							
19. Location and name of nearest weather observing station (distance & direction from project):							
20. Weather Observations from project or nearby station(s): (Winds should be in compass direction e.g. N, NW, etc.)							
Place	Elevation	Ob Time	20 ft. Wind Dir / Speed	Eye Level Wind. Dir / Speed	Temp. Dry Wet	Moisture RH DP	Remarks (Relevant Weather, etc.)
21. Requested Forecast Period Date Start _____ End _____		22. Primary Forecast Elements (Check all that are needed) <i>(for management ignited wildland fires, provide prescription parameters):</i> Needed: Sky/Weather      ___ Temperature      ___ Humidity      ___ 20 ft. Wind      ___ Valley      ___ Ridge Top      ___ Other (Specify in #23) ___				23. Remarks (other needed forecast elements, forecast needed for specific time, etc.)	
24. Send Forecast to: ATTN:		25. Location:				26. Phone Number: Fax Number:	
27. Remarks (Special requests, incident details, Smoke Dispersion elements needed, etc.):							

**EXHIBIT 6: Service and Supplies Authorization Sheet**

**Great Plains Dispatch  
Phone 605-399-3160 Fax 605-343-5075  
Service and Supply Authorization and Form**

Incident Name: \_\_\_\_\_ Date/Time \_\_\_\_\_

Incident Number: \_\_\_\_\_ Fire Codes: \_\_\_\_\_

Vendor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Agreement Number: \_\_\_\_\_ Dispatcher Name: \_\_\_\_\_

<b>R/O, O, C, E #</b>	<b>Crew name or name and position</b>	<b>Number of Meals, Rooms or Items Requested</b>

List cost of meals per agreement or state per diem for each meal

Breakfast: \$ \_\_\_\_\_ Circle one:

Lunch: \$ \_\_\_\_\_ Sit Down

Dinner: \$ \_\_\_\_\_ Pick Up

Cost per night / per room: \$ \_\_\_\_\_

Send Bill To: **Dispatcher** *Circle One*

**Atten:**  
Great Plains Interagency Dispatch Center  
8123 S. Hwy 16  
Rapid City, SD 57702

**Atten: Brenda Even**  
SD Wildland Fire Suppression  
4250 Firestation Rd, Suite 2  
Rapid City, SD 57703

\_\_\_\_\_  
**Printed Name of Driver or Responsible Party**

\_\_\_\_\_  
**Name of Driver or Responsible Party Signature**

\_\_\_\_\_  
**Date**

**EXHIBIT 7: Call Sign**

Name	Call Sign	Name	Call Sign
<b>BKF</b>		<b>SDS</b>	
Todd Pechota	CHIEF 1	Jay Esperance	ST CHIEF 1
Jason Virtue	CHIEF 2	Steve Hasenohrl	ST CHIEF 2
Amy Ham	BRANCH 3	Jim Strain	ST CHIEF 3
Lance Spring	HT SUPT 1	Rob Lehmann	ST CHIEF 4
Corey Lewis	HT CAPT 1	Jeni Lawver	ST PIO
Terry Tompkins	DIV 6	Brenda Even	ST FINANCE 1
Mike Park	BATT 61	Paul Reiter	ST COMMO 1
Jeremy Dalman	BATT 62	Jim Burk	ST TECH 1
Chris Stover	FUELS 6	Monty Bollock	ST TECH 2
Sarah Synowiec	FUELS 61	Andy Tate	ST FUELS 1
Jared Hohn	DIV 3	Brandy Petersen	ST FUELS 2
Scott Wheeler	BATT 31	Cassie Christy	ST FUELS 3
Todd Hoover	BATT 32	Winston Cadotte	ST AIR OPS
Matt Spring	FUELS 3	Cody Griffee	DIV 400
Jake Diedtrich	FUELS 31	Ray Black	BATT 400
Bryan Karchut	DIV 1	Steve Esser	DIV 500
Chris Huhnerkoch	BATT 1	Jeff Wiedow	BATT 500
Trevor Papenfuss	BATT 11	Ray Bubb	DIV 600
Chris Zoller	BATT 8	Casey Glines	BATT 600
Jeff Gies	BATT 81	Chris Blair	DIV 700
Vacant	BATT 82	Mark Menning	C600 Black Hat CAPT
Brian Rafferty	FUELS 8	Donald Henry	C400 Bear Mtn CAPT
		Jay Wickham	DIV 200
		<b>CSP</b>	
		Chad Kremer	CAPT 201
		Rochelle Plocek	CAPT 202
		Tom Miklos	CAPT 203
<b>NBF</b>		<b>NPS (NE,SD,WY)</b>	
Steve Ipswitch	NE-700		
Tedd Teahon	NE-701	Eric Allen	NPS-200
Weston Burch	NE-702	Al Stover	NPS-201
Dalynn Parks	NE-704		NPS-205
Brian Daunt	NE-705	Mike Carlbom	NPS-206

**Exhibit 8: South Dakota Counties and Fire Departments**

SD-ARX	Aurora County	SD-HYX	Hyde County
SD-BDX	Beadle County	SD-JAX	Jackson County
SD-BFX	Buffalo County	SD-JEX	Jerauld County
SD-BHX	Bon Homme County	SD-JOX	Jones County
SD-BKX	Brookings County	SD-KIX	Kingsbury County
SD-BNX	Bennett County	SD-LAX	Lawrence County
SD-BRX	Brown County	SD-LIX	Lincoln County
SD-BTX	Butte County	SD-LKX	Lake County
SD-BUX	Brule County	SD-LYX	Lyman County
SD-CAX	Campbell County	SD-MAX	Marshall County
SD-CDX	Codington County	SD-MCX	McCook County
SD-CHX	Charles Mix County	SD-MDX	Meade County
SD-CLX	Clark County	SD-MHX	Minnehaha County
SD-CRX	Corson County	SD-MIX	Millette County
SD-CUX	Custer County	SD-MNX	Miner County
SD-CYX	Clay County	SD-MOX	Moody County
SD-DAX	Day County	SD-MPX	McPherson County
SD-DEX	Dewey County	SD-PEX	Perkins County
SD-DLX	Deuel County	SD-PNX	Pennington County
SD-DOX	Douglas County	SD-POX	Potter County
SD-DVX	Davison County	SD-ROX	Roberts County
SD-EDX	Edmunds County	SD-SAX	Sanborn County
SD-FAX	Faulk County	SD-SHX	Shannon County
SD-FRX	Fall River County	SD-SPX	Spink County
SD-GRX	Gregory County	SD-STX	Stanley County
SD-GTX	Grant County	SD-SUX	Sully County
SD-HAX	Haakon County	SD-TOX	Todd County
SD-HDX	Hand County	SD-TPX	Tripp County
SD-HMX	Hamlin County	SD-TUX	Turner County
SD-HNX	Hanson County	SD-UNX	Union County
SD-HRX	Harding County	SD-WAX	Walworth County
SD-HTX	Hutchinson County	SD-YAX	Yankton County
SD-HUX	Hughes County	SD-ZBX	Ziebach County

SD-ABDX	Aberdeen VFD	SD-CARX	Carthage VFD
SD-ABRX	Aberdeen Rural Fire Protect Dis	SD-CAVX	Canova VFD
SD-ACMX	Academy VFD	SD-CBDX	Cresbard VFD
SD-AGRX	Agar VFD	SD-CCDX	Camp Crook VFD
SD-AKAX	Akaska VFD	SD-CENX	Centerville VFD
SD-ALCX	Alcester VFD	SD-CHAX	Chancellor VFD
SD-ALXX	Alkali VFD	SD-CHEX	Chester VFD
SD-ALPX	Alpena VFD	SD-CHMX	Chamberlain VFD
SD-ALXX	Alexandria VFD	SD-CLCX	Claire City VFD
SD-ANDX	Andover VFD	SD-CLKX	Clear Lake VFD
SD-ARDX	Ardmore VFD	SD-CLMX	Claremont VFD
SD-ARGX	Argyle VFD	SD-CLRX	Clark VFD
SD-ARLX	Arlington VFD	SD-CMBX	Columbia VFD
SD-ARMX	Armour VFD	SD-CMNX	Colman VFD
SD-ARRX	Armour Rural Fire Protect Dist	SD-CNTX	Canton VFD
SD-ARTX	Artesian VFD	SD-COLX	Colton VFD
SD-ASCX	Ash Creek VFD	SD-COMX	Colome VFD
SD-ASHX	Ashton VFD	SD-CONX	Conde VFD
SD-ASTX	Astoria VFD	SD-CORX	Corsica VFD
SD-AURX	Aurora VFD	SD-CRXX	Crooks VFD
SD-AVNX	Avon VFD	SD-CRNX	Corona VFD
SD-BALX	Baltic VFD	SD-CSRX	Castle Rock VFD
SD-BDGX	Badger VFD	SD-CSTX	Castlewood VFD
SD-BGDY	Buffalo Gap VFD	SD-CUTX	Custer VFD
SD-BHDX	Black Hawk VFD	SD-CVRX	Cavour VFD
SD-BISX	Bison VFD	SD-DALX	Dallas VFD
SD-BLFX	Belle Fourche VFD	SD-DANX	Dante VFD
SD-BLTX	Blunt VFD	SD-DAVX	Davis VFD
SD-BLVX	Belvidere VFD	SD-DCRX	Deep Creek VFD
SD-BNSX	Bonesteel VFD	SD-DELX	Dell Rapids VFD
SD-BNTX	Brentford VFD	SD-DESX	Desmet VFD
SD-BOWX	Bowdle VFD	SD-DEWX	Dewey VFD
SD-BRCX	Bruce VFD	SD-DLDX	Doland VFD
SD-BRDX	Bradley VFD	SD-DLMX	Delmont VFD
SD-BRIX	Bristol VFD	SD-DRPX	Draper VFD
SD-BRXX	Brookings VFD	SD-DTNX	Dolton VFD
SD-BRNX	Brandon VFD	SD-DTYX	Doty VFD
SD-BRRX	Bear Ridge Fire Station	SD-DUPX	Dupree VFD
SD-BRTX	Brandt VFD	SD-DWDX	Deadwood VFD
SD-BRVX	Brownsville VFD	SD-EBTX	Eagle Butte VFD
SD-BRWX	Bridgewater VFD	SD-EDMX	Edgemont VFD
SD-BRYX	Bryant VFD	SD-EGNX	Egan VFD
SD-BSCX	Big Stone City VFD	SD-EKPX	Elk Point VFD
SD-BSNX	Bushnell VFD	SD-ELKX	Elkton VFD
SD-BTHX	Bath VFD	SD-ELSX	Ellsworth Air Force Base VFD
SD-BTSX	Batesland VFD	SD-EMYX	Emery VFD
SD-BUFX	Buffalo VFD	SD-ENDX	Eden VFD
SD-BUKX	Burke VFD	SD-ENNX	Enning VFD
SD-BXEX	Box Elder VFD	SD-ENTX	Ethan VFD
SD-CADX	Cascade VFD	SD-ESTX	Estelline VFD
SD-CANX	Canistota VFD	SD-EURX	Eureka VFD

SD-FALX	Faulton VFD	SD-HUMX	Humboldt Fire & Amb Srvce
SD-FBDX	Fairburn VFD	SD-HURX	Huron Fire Dept.
SD-FCRX	Four Corners VFD	SD-HUTX	Hutterville VFD
SD-FDOX	Fedora VFD	SD-HWDX	Hayward VFD
SD-FLDX	Flandreau VFD	SD-HZLX	Hazel VFD
SD-FLOX	Florence VFD	SD-INTX	Interior VFD
SD-FOLX	Folsom VFD	SD-IP5X	Ipswich VFD
SD-FRDX	Frederick VFD	SD-IRNX	Irene VFD
SD-FREX	Freeman VFD	SD-IRQX	Iroquois VFD
SD-FRFX	Fairfax VFD	SD-ISBX	Isabel VFD
SD-FRXX	Frankfort VFD	SD-JFFX	Jefferson VFD
SD-FRVX	Fairview VFD	SD-JSDX	Johnson Siding VFD
SD-FTHX	Faith VFD	SD-JVAX	Java VFD
SD-FTMX	Fort Meade VAMC	SD-KDKX	Kadoka VFD
SD-FTPX	Fort Pierre VFD	SD-KMBX	Kimball VFD
SD-FTTX	Fort Thompson VFD	SD-KNBX	Kennebec VFD
SD-GANX	Gann Valley VFD	SD-KSDX	Keystone VFD
SD-GARX	Garretson VFD	SD-KYLX	Kyle VFD
SD-GAVX	Gayville VFD	SD-LABX	Labolt VFD
SD-GDNX	Garden City VFD	SD-LANX	Langford VFD
SD-GDWX	Goodwin VFD	SD-LBRX	Lower Brule VFD
SD-GEDX	Geddes VFD	SD-LDDX	Lead VFD
SD-GLDX	Glad Valley VFD	SD-LDGX	Lodgepole VFD
SD-GLNX	Glenham VFD	SD-LDLX	Ludlow VFD
SD-GRGX	Gregory VFD	SD-LEBX	Lebanon VFD
SD-GROX	Groton VFD	SD-LEMX	Lemmon VFD
SD-GRRX	Grand River VFD	SD-LENX	Lennox VFD
SD-GRVX	Green Valley VFD	SD-LEOX	Leola VFD
SD-GRYX	Gary VFD	SD-LETX	Letcher VFD
SD-GTYX	Gettysburg VFD	SD-LKAX	Lake Andes VFD
SD-HABX	Harrisburg VFD	SD-LKNX	Lake Norden VFD
SD-HARX	Harding VFD	SD-LKPX	Lake Preston VFD
SD-HAYX	Hayti VFD	SD-LLKX	Long Lake VFD
SD-HCDX	Hill City VFD	SD-LNVX	Long Valley VFD
SD-HCLX	Hecla VFD	SD-LOWX	Lowry VFD
SD-HEDX	Herreid VFD	SD-LSVX	Lesterville Fire & Rescue
SD-HERX	Hereford VFD	SD-LYNX	Lyons VFD
SD-HGMX	Highmore VFD	SD-MADX	Madison VFD
SD-HITX	Hitchcock VFD	SD-MARX	Martin VFD
SD-HLDX	Highlands VFD	SD-MBTX	Mud Butte VFD
SD-HMDX	Hermosa VFD	SD-MCIX	McIntosh VFD
SD-HNYX	Henry VFD	SD-MCLX	McLaughlin VFD
SD-HOSX	Hosmer VFD	SD-MCTX	Mound City VFD
SD-HOVX	Hoven VFD	SD-MDLX	Midland VFD
SD-HOWX	Howard VFD	SD-MDWX	Meadow VFD
SD-HRLX	Hurley VFD	SD-MELX	Mellette VFD
SD-HRRX	Harrold VFD	SD-MINX	Minnekahta VFD
SD-HSDX	Hot Springs VFD	SD-MISX	Mission VFD
SD-HSVX	Hot Springs VAMC	SD-MITX	Mitchell VFD
SD-HTFX	Hartford VFD	SD-MLBX	Millbank VFD
SD-HUDX	Hudson VFD	SD-MLLX	Miller VFD

SD-MLSX	Milesville VFD	SD-PUKX	Pukwana VFD
SD-MMOX	Menno VFD	SD-QNNX	Quinn VFD
SD-MOBX	Mobridge VFD	SD-RAMX	Ramona VFD
SD-MONX	Monroe VFD	SD-RANX	Running Antelope VFD
SD-MRNX	Marion VFD	SD-RAVX	Ravinia VFD
SD-MRSX	Morristown VFD	SD-RAYX	Raymond VFD
SD-MTPX	Mission Township VFD	SD-RBFX	Robbs Flat VFD
SD-MTRX	Montrose VFD	SD-RCFX	Rapid City VFD
SD-MTVX	Mount Vernon VFD	SD-RDGX	Redig VFD
SD-MTYX	Marty VFD	SD-RDSX	Red Scaffold VFD
SD-MURX	Murdo VFD	SD-REEX	Ree Heights VFD
SD-MVLX	Northville VFD	SD-RELX	Reliance VFD
SD-MVNX	Marvin VFD	SD-RENX	Renner VFD
SD-NEFX	New Effington VFD	SD-REVX	Reville VFD
SD-NEWX	Newell VFD	SD-RFDX	Redfield VFD
SD-NHDX	North Haines VFD	SD-RFHX	Redfield St. Hospital VFD
SD-NISX	Nisland VFD	SD-RFRX	Redfield Rural VFD
SD-NMHX	North Marshall VFD	SD-RKHX	Rockham VFD
SD-NMOX	Nemo VFD	SD-RKVX	Rockerville VFD
SD-NORX	Norris VFD	SD-ROFX	Rochford VFD
SD-NSXX	North Sioux VFD	SD-ROSX	Roslyn VFD
SD-NUNX	Nunda VFD	SD-RPHX	Ralph VFD
SD-NVDX	New Underwood VFD	SD-RSCX	Roscoe VFD
SD-NWCX	NW Corner VFD	SD-RSHX	Rosholt VFD
SD-OELX	Oelrichs VFD	SD-RVDX	Rapid Valley VFD
SD-OLDX	Oldham VFD	SD-SAVX	Savoy VFD
SD-ONIX	Onida VFD	SD-SCDX	Silver City VFD
SD-ONKX	Onaka VFD	SD-SCNX	Scenic VFD
SD-OPLX	Opal VFD	SD-SENX	Seneca VFD
SD-ORIX	Orient VFD	SD-SFDX	Sioux Falls VFD
SD-ORLX	Oral VFD	SD-SHMX	Sherman VFD
SD-ORTX	Ortley VFD	SD-SHNX	S Hand Firefighters Inc. VFD
SD-PCKX	Pollock VFD	SD-SISX	Sisseton VFD
SD-PEVX	Peever VFD	SD-SLBX	Selby VFD
SD-PFDX	Pierre VFD	SD-SLDX	Scotland VFD
SD-PHLX	Philip VFD	SD-SLMX	Salem VFD
SD-PICX	Pickstown VFD	SD-SMWX	Smithwick VFD
SD-PKRX	Parker VFD	SD-SNIX	Sinai VFD
SD-PLKX	Plankinton VFD	SD-SPCX	Spearfish Canyon VFD
SD-PLTX	Platte VFD	SD-SPFX	Spearfish VFD
SD-PMDX	Piedmont VFD	SD-SPGX	Springfield VFD
SD-POLX	Polo VFD	SD-SPNX	Spencer VFD
SD-PPNX	Pierpont VFD	SD-SRXX	Split Rock VFD
SD-PRCX	Prairie City VFD	SD-SRVX	Sorum/Reva VFD
SD-PRDX	Pine Ridge VFD	SD-SSHX	South Shore VFD
SD-PRGX	Pringle VFD	SD-STFX	Saint Francis VFD
SD-PRI	S Dakota Private Lands	SD-STHX	Stockholm VFD
SD-PRKX	Parkston VFD	SD-STNX	Stickney VFD
SD-PRMX	Parmlee VFD	SD-STOX	St. Onge VFD
SD-PRRX	Pierre Rural VFD	SD-STRX	Stratford VFD
SD-PSHX	Presho VFD	SD-STUX	Sturgis VFD

SD-SUMX	Summit VFD	SD-WBYX	Waubay VFD
SD-TABX	Tabor VFD	SD-WDDX	Wood VFD
SD-TEAX	Tea VFD	SD-WEBX	Webster VFD
SD-TMBX	Timber Lake VFD	SD-WESX	Wessington VFD
SD-TNTX	Toronto VFD	SD-WGNX	Wagner VFD
SD-TOLX	Tolstoy VFD	SD-WHTX	White VFD
SD-TRCX	Trail City VFD	SD-WILX	Willow Lake VFD
SD-TRNX	Trent VFD	SD-WITX	Witten VFD
SD-TRPX	Tripp VFD	SD-WLCX	Wallace VFD
SD-TULX	Tulare VFD	SD-WLXX	White Lake VFD
SD-TURX	Turton VFD	SD-WLLX	Wall VFD
SD-TUTX	Tuthill VFD	SD-WMTX	Wilmot VFD
SD-TYNX	Tyndall VFD	SD-WNBX	Wanblee VFD
SD-UTCX	Utica VFD	SD-WNFX	Winfred VFD
SD-VEBX	Veblen VFD	SD-WNRX	Winner VFD
SD-VERX	Vermillion VFD	SD-WNSX	Woonsocket VFD
SD-VETX	Vetal VFD	SD-WNWX	Wentworth VFD
SD-VIBX	Viborg VFD	SD-WOLX	Wolsey VFD
SD-VINX	Vienna VFD	SD-WPDX	Whispering Pines VFD
SD-VIVX	Vivian VFD	SD-WRVX	White River VFD
SD-VLEX	Vale VFD	SD-WSPX	Wessington Springs VFD
SD-VLGX	Volga VFD	SD-WSTX	Wasta VFD
SD-VOLX	Volin VFD	SD-WTHX	Worthing VFD
SD-VSPX	Valley Springs VFD	SD-WTNX	Watertown VFD
SD-WAKX	Wakonda Fire & Rescue	SD-WTPX	Wayne Township VFD
SD-WARX	Warner VFD	SD-WWDX	Whitewood VFD
		SD-YTNX	Yankton VFD

**EXHIBIT 9: Unit Identifiers**GPC provides support for the following agencies (**Initial Attack for those in bold**):

US Forest Service		South Dakota Division of Wildland Fire Suppression	
<b>Black Hills NF</b>	<b>SD-BKF</b>	<b>Administrative Office</b>	<b>SD-SDS</b>
<b>Bearlodge RD</b>		<b>Rapid City District</b>	
<b>Hell Canyon RD</b>		<b>Hot Springs District</b>	
<b>Custer, SD</b>		<b>Lead District</b>	
<b>Newcastle, WY</b>		<b>Custer State Park</b>	
<b>Mystic RD</b>		<b>Wyoming</b>	
<b>Northern Hills RD</b>		<b>State Forestry Service - GPC area</b>	<b>WY-CSS</b>
<b>Nebraska NF</b>	<b>NE-NBF</b>	<b>Wyoming Counties – GPC Area</b>	
<b>Buffalo Gap National Grasslands</b>		<b>Crook</b>	<b>WY-CRX</b>
<b>Fort Pierre National Grasslands</b>		<b>Weston</b>	<b>WY-WEX</b>
<b>Ogala National Grasslands</b>		<b>Bureau of Land Management</b>	
<b>Samuel R. McKelvie NF</b>		<b>South Dakota Field Office</b>	<b>SD-SDD</b>
National Park Service		<b>High Plains Field Office, Newcastle, WY</b>	<b>WY-HPD</b>
Agate Fossil Beds National Monument	NE-AFP	U.S. Fish and Wildlife Service	
<b>Badlands National Park</b>	<b>SD-BDP</b>	Crescent Lake NWR	NE-CLR
<b>Jewel Cave National Monument</b>	<b>SD-JCP</b>	Ft. Niobrara NWR	NE-FNR
<b>Mt. Rushmore National Memorial</b>	<b>SD-MRP</b>	Gavin Point National Fish Hatchery	SD-GPR
<b>Wind Cave National Park</b>	<b>SD-WCP</b>	North Platte NWR	NE-NPR
<b>Devil's Tower National Monument</b>	<b>WY-DTP</b>	Rainwater Basin NWR	NE-RBR
Scotts Bluff National Monument	NE-SBP	Valentine NWR	NE-VAR
Homestead National Monument	NE-HOP	Huron Wetland Management District	SD-HUR
Midwest Regional Parks Headquarters	NE-MWP	Lake Andes NWR	SD-LAR
Northern Great Plains Fire Mgmt	SD-NGP	LaCreek Madison NWR	SD-LCR
Missouri National Recreational River	SD-MOP	Sand Lake NWR	SD-SLR
Niobrara National Scenic River	NE-NMP	Waubay NWR	SD-WAR
Bureau of Indian Affairs		Madison WMD	SD-MDR
Great Plains Area Office	SD-GPA	DC Booth National Fish Hatchery	SD-SFR
Cheyenne River Agency	SD-CRA	Karl Mundt NWR	SD-KUR
Crow Creek Agency	SD-CCA	<i>John and Louise Sier NWR</i>	
Lower Brule Agency	SD-LBA	<i>Yellowthroat NWR</i>	
Omaha Agency	NE-OMA	The Nature Conservancy	SD-TNC
Pine Ridge Agency	SD-PRA	Black Hills Nature Conservancy	SD- BHI
Rosebud Agency	SD-RBA	Prairie Coteau Nature Conservancy	SD- PCI
Santee Agency	NE-SFA	Samuel Ordway Prairie Nature Conservancy	SD- SOPI
Sisseton/Wahpeton Agency	SD-SIA	Niobrara River Nature Conservancy	NE-NBRI
Standing Rock Agency	ND-SRA	Platte River Nature Conservancy	NE-PLRI
Winnnebago Agency	NE-WIA	Panhandle Projects Office Nature Conservancy	NE-PPI
Yankton Agency	SD-YAA	National Weather Service- In GPC Zone	
<b>Department of Veterans Affairs</b>	<b>SD-SVAE</b>	Omaha, NE	
<b>Fort Meade</b>		Cheyenne, WY	
<b>Hot Springs</b>		Rapid City, SD	
Department of Energy	SD-DOE	Hastings, NE	
	NE-DOE	Grand Forks, ND	
Department of Defense	SD-DOD	Bismarck, ND	
	NE-DOD	Aberdeen, SD	

Bureau of Reclamation	SD-	Sioux Falls, SD	
	WY-	North Platte, NE	
US ARMY Corps of Engineers	SD-	Goodland, KS	
	NE-		

**Exhibit 12: Mobile Food & Shower Service Request Form**

**MOBILE FOOD & SHOWER SERVICE REQUEST FORM**

Incident Name: \_\_\_\_\_ Financial Code: \_\_\_\_\_

Resource Order #: \_\_\_\_\_ Food Service Request E#: \_\_\_\_\_

Shower Unit Request E#: \_\_\_\_\_

**I. FOOD SERVICE: Requested Date, Time, Meal Types, and Number of Meals**

1. Date of first meal: \_\_\_\_\_ Time of first meal: \_\_\_\_\_

2. Estimated number for the first three meals:

1<sup>st</sup> meal: \_\_\_\_\_ [ ] Hot Breakfast [ ] Sack Lunch [ ] Dinner

2<sup>nd</sup> meal: \_\_\_\_\_ [ ] Hot Breakfast [ ] Sack Lunch [ ] Dinner

3<sup>rd</sup> meal: \_\_\_\_\_ [ ] Hot Breakfast [ ] Sack Lunch [ ] Dinner

This Block for National Interagency Coordination Center Use Only.

Actual agreed upon Date/Time first meals are to be served: Date: \_\_\_\_\_ Time: \_\_\_\_\_

(Minimum guaranteed payment is based on these estimates, see Section G.2.2):

1<sup>st</sup> meal: \_\_\_\_\_ [ ] Hot Breakfast [ ] Sack Lunches [ ] Dinner

2<sup>nd</sup> meal: \_\_\_\_\_ [ ] Hot Breakfast [ ] Sack Lunches [ ] Dinner

3<sup>rd</sup> meal: \_\_\_\_\_ [ ] Hot Breakfast [ ] Sack Lunches [ ] Dinner

**II. Location**

Reporting location: \_\_\_\_\_

Contact person at the Incident: \_\_\_\_\_

**III. Additional Information**

Spike Camps: Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_

Estimated Duration of Incident \_\_\_\_\_ Estimated Personnel at Peak \_\_\_\_\_

Dispatch Contact: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**IV. SHOWER SERVICE: Requested Date and Time Mobile Shower Unit is needed**

Date Requested \_\_\_\_\_ Time Requested \_\_\_\_\_

Mobile Shower Unit type ordered: Large (12+ stalls) [\_\_\_\_] Small (4-11 stalls) [\_\_\_\_]

This Block for National Interagency Coordination Center Use Only.

Actual agreed upon Date/Time Mobile Shower Unit to be operational: Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Exhibit 13: Passenger and Cargo Manifest Form**

<b>STANDARD FORM 245 (6-77)</b> Prescribed by USDA FSM 5716 USDA MP9400.51B		<b>PASSENGER AND CARGO MANIFEST</b>				NO. OF PASSENGERS ON THIS PAGE _____		PAGE _____ OF _____	
ORDERING UNIT			PROJECT NAME			PROJECT NO			
NAME OF CARRIER			MODE OF TRANSPORTATION & ID. NO.			PILOT OR DRIVER			
CHIEF OF PARTY			REPORT TO			IF DELAYED, CONTACT			
DEPARTURE		INTERMEDIATE STOPS					DESTINATION		
PLACE	ETD	ETA	PLACE		ETD	ETA	PLACE		
PASSENGER AND OR CARGO NAME		M	F	PASSENGER WEIGHT	CARGO WEIGHT	DUTY ASGMT IF APPLICABLE		HOME UNIT	
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									
21.									
22.									
SIGNATURE OF AUTHORIZED REPRESENTATIVE							DATE		



**Exhibit 15: Hazard Analysis and Dispatch/Aviation Manager Checklist**

**HAZARD ANALYSIS AND DISPATCH/AVIATION MANAGER CHECKLIST**

<p><b>I. MISSION FLIGHT HAZARD ANALYSIS</b> (fire flights exempt provided a pre-approved plan is in place). The following potential hazards in the area of operations have been checked, have been identified on flight itinerary map, and will be reviewed with Pilot and Chief-of-Party prior to flight:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Military Training Routes (MTRs) or Special-Use Airspace (MOAs, Restricted Areas, etc.)</li> <li><input type="checkbox"/> Areas of high-density air traffic (airports); Commercial or other aircraft</li> <li><input type="checkbox"/> Wires/transmission lines; wires along rivers or streams or across canyons</li> <li><input type="checkbox"/> Weather factors: wind, thunderstorms, etc.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Towers and bridges</li> <li><input type="checkbox"/> Other aerial obstructions:</li> <li><input type="checkbox"/> Pilot flight time/duty day limitations and daylight/darkness factors</li> <li>SUNRISE: _____</li> <li>SUNSET: _____</li> <li><input type="checkbox"/> Limited flight following communications</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> High elevations, temperatures, and weights:</li> <li>MAX LANDING ELEV (MSL): _____</li> <li>MIN. FLIGHT ALTITUDE AGL: _____</li> <li><input type="checkbox"/> Transport of hazardous materials</li> <li><input type="checkbox"/> Other: _____</li> </ul>
<p><b>II. DISPATCHER/AVIATION MANAGEMENT CHECKLIST</b></p>		
<ul style="list-style-type: none"> <li><input type="checkbox"/> Pilot and aircraft carding checked with source list and vendor, carding meets requirements;</li> <li><input type="checkbox"/> OE, Necessary approvals have been obtained for use of uncarded cooperators, military, or other-government agency aircraft and pilots</li> <li><input type="checkbox"/> Check with vendor that an aircraft with sufficient capability to perform mission safely has been scheduled</li> <li><input type="checkbox"/> Qualified Aircraft Chief-of-Party has been assigned to the flight (noted on reverse)</li> <li><input type="checkbox"/> All DOI passengers have received required aircraft safety training;</li> <li><input type="checkbox"/> OR, Aviation manager will present detailed safety briefing prior to departure;</li> <li><input type="checkbox"/> Bureau Aircraft Chief-of-Party will be furnished with a Chief-of-Party/Pilot checklist and is aware of its use</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Means of flight following and resource tracking requirements have been identified</li> <li><input type="checkbox"/> Flight following has been arranged with another unit if flight crosses jurisdictional boundaries and communications cannot be maintained</li> <li><input type="checkbox"/> Flight hazard maps have been supplied to Chief-of-Party for nonfire low-level missions</li> <li><input type="checkbox"/> Procedures for deconfliction of Military Training Routes and Special-Use Airspace have been taken</li> <li><input type="checkbox"/> Chief-of-Party is aware of PPE requirements.</li> <li><input type="checkbox"/> Cost analysis has been completed and is attached</li> <li><input type="checkbox"/> Other/Remarks:</li> </ul>	
<p><b>III. APPROVALS</b></p>		
<p><b>Note:</b> Reference Handbook 9420 for approval(s) required.</p>		
<p><b>A. MISSION FLIGHT: HAZARD ANALYSIS PERFORMED BY:</b></p> <p style="text-align: center;">_____ Chief-of-Party Signature</p>		
<p><b>B. MISSION FLIGHT: HAZARD ANALYSIS REVIEWED BY:</b></p> <p style="text-align: center;">_____ Dispatcher Or Aviation Manager Signature Required</p>		
<p><b>C. IF NON-FIRE, ONE-TIME (NON-RECURRING), SPECIAL-USE MISSION, SIGNATURE OF LINE MANAGER IS REQUIRED **:</b></p> <p style="text-align: center;">DATE: _____</p>		
<p><b>D. THIS FLIGHT IS APPROVED BY (Authorized Signature):</b></p> <p style="text-align: center;">_____ DATE: _____</p>		
<p><b>** For recurring Special-Use Missions, signature is required on Special-Use Air Safety Plan, and not required here.</b></p>		

**Exhibit 16: Infrared Aircraft Scanner Request Form**

**INFRARED AIRCRAFT SCANNER REQUEST**

**Incident# & Project#:**

**BLM#:**

**A#**

Incident Name:		Date/Time:	
Ordering Unit:		Telephone #:	
Local Dispatch:		Telephone #:	
GACC:		Telephone #:	
National IR Coord:		Telephone #:	(208) 387-5381
		FAX #	
		Cell #	(208) 859-4475
Regional IR Coord:		Telephone #:	( )
		FAX #:	( )
		Cell #	( )
IR Interpreter Ordered:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Telephone #	( )
IR Interpreter Assigned:		Cell #	( )
Location: Motel		Motel #	( )
Office or ICP		FAX #	( )
SITL Name and Location:		Telephone #:	( )
Incident Elevation (AVG):		Feet MSL	Approximate Size: Acres
Weather Over The Incident:			
Delivery Point:		Alt. Delivery Pt:	
Delivery type:	<input type="checkbox"/> Land Aircraft	<input type="checkbox"/> Air Drop	<input type="checkbox"/> Scanned file (give email address or ftp site in box below)
Delivery time:			
Delivery point weather:			

**Radio Frequencies**

Local admin. Unit	Tx:	Mhz	Tone:	Rx:	Mhz	Tone:
Alternative Freq	Tx:	Mhz	Tone:	Rx:	Mhz	Tone:
Air Tactical Group Supervisor	Tx:	Mhz	Tone:	Rx:	Mhz	Tone:

**Incident Location from 2 VORs: (Degrees) (nautical miles)**

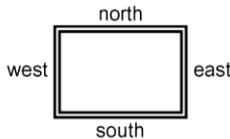
<b>VOR:</b>		<b>Azimuth:</b>		<b>Distance:</b>	
<b>VOR:</b>		<b>Azimuth:</b>		<b>Distance:</b>	

**Mission Objective and Description:**

LATITUDE/LONGITUDE INFORMATION NEEDED FOR EACH MISSION

**Mapping Block**

NORTH		
SOUTH		
EAST		
WEST		



**Exhibit 17: FAA Temporary Tower Request Form**

**TEMPORARY TOWER REQUEST FORM**

(Note – this form should be used in conjunction with the checklist located in Chapter 11 of the *Interagency Airspace Coordination Guide* ([www.fs.fed.us/r6/fire/aviation/airspace](http://www.fs.fed.us/r6/fire/aviation/airspace)). Please attach this form to the Resource Order and forward both forms to the appropriate FAA Regional Operations Center (ROC) through established ordering channels.

**I. GENERAL INFORMATION**

Incident Name \_\_\_\_\_ Management/Fiscal Code \_\_\_\_\_  
Resource Order Number \_\_\_\_\_ Request Number \_\_\_\_\_ Date \_\_\_\_\_

**II. POINTS OF CONTACT**

	<u>Name / Agency</u>	<u>Telephone</u>
Ordering Unit:	_____	_____
Air Ops / Air Support:	_____	_____
Local or Expanded Dispatch:	_____	_____
Geographic Area Coordination Center:	_____	_____
National Interagency Coordination Center:	_____	_____
FAA POC at ROC:	_____	_____
Airport Owner / Operator:	_____	_____

Has the Airport Owner been notified? YES  NO   
Requested Operational Hours: \_\_\_\_\_  
Estimated Duration: \_\_\_\_\_

**III. SUPPORT INFORMATION**

Closest City / Town: \_\_\_\_\_ State: \_\_\_\_\_

Proposed Location of Temporary Tower (select one or explain):  
 Airport (name and FAA Code) \_\_\_\_\_  
 Helibase (physical/legal location) \_\_\_\_\_  
 Incident Command Post (physical/legal location) \_\_\_\_\_  
 Other \_\_\_\_\_

Is there a facility available on site for use as a "temporary tower"?  
 FBO Site/Room rental, etc \_\_\_\_\_  
 Rental Trailer \_\_\_\_\_  
 Facility to be constructed on site \_\_\_\_\_  
 Other \_\_\_\_\_

Expected overnight accommodations:  Fire Camp  Motel/Hotel  Other \_\_\_\_\_  
Vehicle Availability:  GOV  Rental  Other (explain) \_\_\_\_\_  
Attach detailed driving directions to reporting site (note road closures, hazardous conditions, easiest route of travel and provide detailed map) \_\_\_\_\_

**IV. EQUIPMENT SURVEY** – Refer to Chapter 11 Checklist in *Interagency Airspace Coordination Guide*.

Has equipment inventory been completed?  Yes  No  
Equipment (radios, etc) locally available for use by assigned Tower Personnel: \_\_\_\_\_  
Equipment to be ordered: \_\_\_\_\_

**Exhibit 18: Preparedness/Detail Request Form**

**PREPAREDNESS/DETAIL REQUEST**

**ATTACHMENT TO RESOURCE ORDER NUMBER:** \_\_\_\_\_  
**REQUEST NUMBER /S/:** \_\_\_\_\_

- 1. POSITION(S): \_\_\_\_\_ NUMBER OF PERSONS REQUESTED: \_\_\_\_\_
- 2. MINIMUM "RED CARD" RATING: \_\_\_\_\_
- 3. EMPLOYMENT STATUS :  REGULAR FEDERAL AGENCY  A.D. OTHER: \_\_\_\_\_
- 4. AGENCY UNIFORM:  YES  NO FIRE RESISTANT CLOTHING:  YES  NO
- 5. DRIVERS LICENSE NEEDED:  YES  NO ENDORSEMENT: \_\_\_\_\_
- 6. GOVERNMENT VEHICLE:  YES  NO TYPE: \_\_\_\_\_
- 7. PRIVATE VEHICLES AUTHORIZED:  YES  NO NUMBER: \_\_\_\_\_
- 8. RADIOS NEEDED:  YES  NO TYPE: \_\_\_\_\_ NUMBER: \_\_\_\_\_
- 9. REQUESTING UNIT'S ELECTRONIC TECHNICIAN'S NAME: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_
- 10. LENGTH OF DETAIL: \_\_\_\_\_ THROUGH: \_\_\_\_\_
- 11. ESTABLISHED WORKWEEK: \_\_\_\_\_  
HOURS OF DUTY: \_\_\_\_\_  
OVERTIME AUTHORIZED:  YES  NO.  
AUTHORIZATION NUMBER: \_\_\_\_\_
- 12. PERSONNEL MAY BE ROTATED:  YES  NO HOW OFTEN: \_\_\_\_\_  
ROTATION PAID BY: \_\_\_\_\_
- 13. BASE SALARY PAID BY: \_\_\_\_\_  
TRAVEL PAID BY: \_\_\_\_\_ PER DIEM PAID BY: \_\_\_\_\_
- 14. EQUIPMENT USE MILEAGE PAID BY: \_\_\_\_\_
- 15. REQUESTING UNIT'S ELECTRONIC ADDRESS: \_\_\_\_\_
- 16. REQUESTING UNIT'S ESTIMATED TOTAL COST: \_\_\_\_\_
- 17. REQUESTING UNIT'S PERSONNEL OFFICER: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_
- 18. REQUESTING UNIT'S FINANCE OFFICER: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_
- 19. TEMPORARY DUTY STATION: \_\_\_\_\_  
ADDRESS / PO BOX: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_
- 20. GOVERNMENT LODGING:  YES  NO MESS HALL:  YES  NO.  
GOVERNMENT COOKING FACILITIES ONLY:  YES  NO  
COMMERCIAL LODGING:  YES  NO. RATE: \_\_\_\_\_ MEALS:  YES  NO.
- 21. NEAREST COMMERCIAL AIRLINE CITY: \_\_\_\_\_
- 22. REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Exhibit 19: Incident Status Summary (ICS-209) Form**

**INCIDENT STATUS SUMMARY (ICS 209)**

<b>*1. Incident Name:</b>		<b>2. Incident Number:</b>	
<b>*3. Report Version</b> (check one box on left): <input type="checkbox"/> Initial Rpt # <input type="checkbox"/> Update (if used): <input type="checkbox"/> Final		<b>*4. Incident Commander(s) &amp; Agency or Organization:</b>	<b>5. Incident Management Organization:</b>
		<b>*6. Incident Start Date/Time:</b> Date: _____ Time: _____ Time Zone: _____	
<b>7. Current Incident Size or Area Involved</b> (use unit label – e.g., "sq mi," "city block"):	<b>8. Percent (%) Contained</b>  _____ <b>Completed</b>	<b>*9. Incident Definition:</b>	<b>10. Incident Complexity Level:</b>
		<b>*11. For Time Period:</b> From Date/Time: _____ To Date/Time: _____	

**Approval & Routing Information**

<b>*12. Prepared By:</b> Print Name: _____ ICS Position: _____ Date/Time Prepared: _____		<b>*13. Date/Time Submitted:</b>  Time Zone: _____	
<b>*14. Approved By:</b> Print Name: _____ ICS Position: _____ Signature: _____		<b>*15. Primary Location, Organization, or Agency Sent To:</b>	

**Incident Location Information**

<b>*16. State:</b>	<b>*17. County/Parish/Borough:</b>	<b>*18. City:</b>	
<b>19. Unit or Other:</b>	<b>*20. Incident Jurisdiction:</b>	<b>21. Incident Location Ownership</b> (if different than jurisdiction):	
<b>22. Longitude</b> (indicate format): <b>Latitude</b> (indicate format):	<b>23. US National Grid Reference:</b>	<b>24. Legal Description</b> (township, section, range):	
<b>*25. Short Location or Area Description</b> (list all affected areas or a reference point):		<b>26. UTM Coordinates:</b>	
<b>27. Note any electronic geospatial data included or attached</b> (indicate data format, content, and collection time information and labels):			

**Incident Summary**

<b>*28. Significant Events for the Time Period Reported</b> (summarize significant progress made, evacuations, incident growth, etc.):					
<b>29. Primary Materials or Hazards Involved</b> (hazardous chemicals, fuel types, infectious agents, radiation, etc.):					
<b>30. Damage Assessment Information</b> (summarize damage and/or restriction of use or availability to residential or commercial property, natural resources, critical infrastructure and key resources, etc.):		A. Structural Summary	B. # Threatened (72 hrs)	C. # Damaged	D. # Destroyed
		E. Single Residences			
		F. Nonresidential Commercial Property			
		Other Minor Structures			
		Other			
ICS 209, Page 1 of ____		* Required when applicable.			



### INCIDENT STATUS SUMMARY (ICS 209)

*1. Incident Name:	2. Incident Number:
<i>Additional Incident Decision Support Information (continued)</i>	
<p><b>38. Current Incident Threat Summary and Risk Information in 12-, 24-, 48-, and 72-hour timeframes and beyond.</b> Summarize primary incident threats to life, property, communities and community stability, residences, health care facilities, other critical infrastructure and key resources, commercial facilities, natural and environmental resources, cultural resources, and continuity of operations and/or business. Identify corresponding incident-related potential economic or cascading impacts.</p> <p>12 hours:</p> <p>24 hours:</p> <p>48 hours:</p> <p>72 hours:</p> <p>Anticipated after 72 hours:</p>	
<p><b>39. Critical Resource Needs</b> in 12-, 24-, 48-, and 72-hour timeframes and beyond to meet critical incident objectives. List resource category, kind, and/or type, and amount needed, in priority order:</p> <p>12 hours:</p> <p>24 hours:</p> <p>48 hours:</p> <p>72 hours:</p> <p>Anticipated after 72 hours:</p>	
<p><b>40. Strategic Discussion:</b> Explain the relation of overall strategy, constraints, and current available information to:</p> <ol style="list-style-type: none"> <li>1) critical resource needs identified above,</li> <li>2) the Incident Action Plan and management objectives and targets,</li> <li>3) anticipated results.</li> </ol> <p>Explain major problems and concerns such as operational challenges, incident management problems, and social, political, economic, or environmental concerns or impacts.</p>	
41. Planned Actions for Next Operational Period:	
42. Projected Final Incident Size/Area (use unit label – e.g., "sq mi"):	
43. Anticipated Incident Management Completion Date:	
44. Projected Significant Resource Demobilization Start Date:	
45. Estimated Incident Costs to Date:	
46. Projected Final Incident Cost Estimate:	
47. Remarks (or continuation of any blocks above – list block number in notation):	
ICS 209, Page 3 of ___	* Required when applicable.



**Exhibit 20: Monthly Wildland Fire Weather/Fire Danger Outlook Form**

**Monthly Wildland Fire Weather/Fire Danger Outlook Form**

**MONTHLY WILDLAND FIRE WEATHER/FIRE DANGER OUTLOOK**

1. Reporting Unit: \_\_\_\_\_

2. Date: \_\_\_\_\_

3. Potential for Serious/Critical Fire Problems:

This Coming Month	Below Normal	Normal	Above Normal
This Season	Below Normal	Normal	Above Normal

Comments: \_\_\_\_\_

4. Fire Weather Outlook: (Addresses the following factors)

Drought Conditions: \_\_\_\_\_

Precipitation Anomalies and Outlook: \_\_\_\_\_

Temperature Anomalies and Outlook: \_\_\_\_\_

5. Fuels:

Fine – Grass Stage	Green	Cured	
New Growth	Sparse	Normal	Above Normal

Live Fuel Moisture (sage, deciduous, conifer): \_\_\_\_\_

1000 Hour Dead Fuel Moisture: \_\_\_\_\_

Normal/Average Fuel Moisture for this Time of Year: \_\_\_\_\_

6. Average Fire Occurrence/Acres Burned (to date, 5 year average):

\_\_\_\_\_

7. Actual Occurrence/Acres Burned (to date, this year): \_\_\_\_\_

8. Written Summary (The text from this summary will be used in the National Wildland Fire Outlook). (Attach to this form.)

9. Fire Outlook Map (Attach to this form.)

A Geographic Area outline map showing Areas of below normal, normal, and above normal fire potential shall be submitted, along with the Monthly Fire Weather/Fire Danger Outlook Report. The map template can be found at:

[http://www.nifc.gov/news/intell\\_predsर्व\\_forms/national\\_map.html](http://www.nifc.gov/news/intell_predsर्व_forms/national_map.html)

**Exhibit 21: Wildland Fire Entrapment/Fatality Initial Report Form**



**Wildland Fire Fatality and Entrapment  
INITIAL REPORT**

Complete this report for fire-related entrapment and/or fatalities. Timely reporting of wildland-related entrapments or fatalities is necessary for the rapid dissemination of accurate information to the fire management community. It will also allow fire safety and equipment specialists to quickly respond to these events as appropriate. This initial report does not replace agency reporting or investigative responsibilities, policies, or procedures. Immediately notify the National Interagency Coordination Center (NICC). Submit this written report within 24 hours—even if some data are missing—to the address given below.

NICC—National Interagency Fire Center  
3833 South Development Ave.

Phone: 208-387-5400  
Fax: 208-387-5414

NICC Intelligence Section  
E-mail: nicc\_intell@nifc.blm.gov

Submitted by: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Phone: \_\_\_\_\_

Position: \_\_\_\_\_  
Location: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**1. General Information**

- Date of event \_\_\_\_\_ Time \_\_\_\_\_
- Fire name, location, agency, etc. \_\_\_\_\_
- Number of personnel involved \_\_\_\_\_
- Number of: Injuries \_\_\_\_\_ Fatalities \_\_\_\_\_

**2. Fatalities**

- Type of accident:
  - Aircraft
  - Natural (lightning, drowning, etc.)
  - Medical (heart, stroke, heat, etc.)
  - Struck by falling object
  - Vehicle
  - Smoke
  - Entrapment
  - Other
- Where fatality/entrapment occurred:
  - Fire site
  - Incident base
  - In transit
  - Other
- Employing agency \_\_\_\_\_
- Unit name \_\_\_\_\_
- Address \_\_\_\_\_
- For further information, contact \_\_\_\_\_
- Home unit address \_\_\_\_\_
- Phone \_\_\_\_\_

**Note: In the event of fatality(s), do not release name(s) until next of kin are notified.**

### 3. Fire-Related Information

- Fuel model \_\_\_\_\_
- Temperature \_\_\_\_\_ RH \_\_\_\_\_ Wind \_\_\_\_\_ mph
- Topography \_\_\_\_\_  
\_\_\_\_\_ Slope \_\_\_\_\_ %
- Fire size at the time of the incident/accident \_\_\_\_\_ acres
- Incident management type at the time of the incident/accident:  
(circle one) 1 2 3 4 5
- Urban/wildland intermix? .....  Yes  No
- Cause of fire:  Natural  Incendiary  Accidental  
 Unknown

### 4. Entrapment Information

A situation where personnel are unexpectedly caught in a fire-behavior-related, life-threatening position where escape routes or safety zones are absent, inadequate, or have been compromised. An entrapment may or may not include deployment of a fire shelter. Note: Engine and dozer burnovers also constitute entrapments.

- Brief description of the accident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Entrapment Description

- Person trapped  With fire shelter  Without fire shelter
- Burns/smoke injuries incurred while  
in fire shelter .....  Yes  No
- Burns/smoke injuries incurred while  
escaping entrapment .....  Yes  No
- Burns/smoke injuries incurred while  
fighting fire .....  Yes  No
- Fire shelter performed satisfactorily .....  Yes  No

- Fire shelter was available, but not used .....  Yes  No

#### Personal Protective Equipment Used

- Fire shelter .....  Yes  No
- Gloves .....  Yes  No
- Protective pants .....  Yes  No
- Boots .....  Yes  No
- Protective shirt .....  Yes  No
- Goggles .....  Yes  No
- Face/neck protection  Yes  No
- Hardhat .....  Yes  No

**Exhibit 22: Documentation of Length of Assignment Extension Requirements Form**

**Resource Extension Request Form**

**RESOURCE and INCIDENT INFORMATION:**

Resource Name: \_\_\_\_\_

Incident Name: \_\_\_\_\_ Incident #: \_\_\_\_\_ Request #: \_\_\_\_\_

Position on Incident: \_\_\_\_\_

Home Unit Supervisor: \_\_\_\_\_ email: \_\_\_\_\_ fax # \_\_\_\_\_

**EXTENSION INFORMATION:**

Prior to any extension consider the health, readiness and capability of the resource. The health and safety of incident personnel and resources will not be compromised under any circumstances.

Length of Extension and last work day:

Justification (Select from the list below):

- Life and property are imminently threatened,
- Suppression objectives are close to being met, or
- Replacement resources are unavailable or have not yet arrived.

**REQUESTED BY\*:**

Incident Supervisor: \_\_\_\_\_ Incident Position: \_\_\_\_\_

**APPROVED BY\*:**

- 1) Resource or Resource Supervisor: \_\_\_\_\_
- 2) Incident Commander or Deputy: \_\_\_\_\_
- 3) Host GACC Coordinator on Duty: \_\_\_\_\_
- 4) Home Unit Supervisor: \_\_\_\_\_
- 5) Sending GACC (excluding single-resource Overhead): \_\_\_\_\_
- 6) NICC (only if National Resource): \_\_\_\_\_

\*Signatures should be gathered in the order they are numbered above